

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18295

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

8. (a) PRINT FULL NAME Isabella Bartlett

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Bartlett 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. 22, 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Brookfield Mo (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name George Lucius Henry

13. Birthplace Moberly Mo (City, town, or county) (State or foreign country)

14. Maiden name Armand Bonfatti

15. Birthplace Brownsville Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold Bartlett

(b) Address 517 W. Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director James J. Boardman

(b) Address Brookfield Mo

19. (a) May 5 1943 (Date received local registrar) (b) W. W. Crum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield Mo (If outside city or town limits, write "RURAL")

(d) Street No. 517 W. Clayton (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1943 hour 11.10 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1943, to May 3, 1943; that I last saw her alive on May 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 10 days

Due to Don't know

Due to \_\_\_\_\_

Other conditions Don't know (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Mark H. Rhoads (M. D. \_\_\_\_\_)

Address Brookfield Mo Date signed May 5 1943

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**